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Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JECK, HARRIS, RAYNOR & JONES, P.A.
Account Number : I2000000210
Phone : (561)746-1002
Fax Number : (561)775-0270

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: gkgrant@aol.com

Foreign Limited Liability Company
Sutlingar Realty Miami, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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3/9/21

**SUTLINGAR REALTY MIAMI, LLC
5566 KINGS HIGHWAY
BROOKLYN, NY 11203**

March 8, 2021

**VIA FAX 850-617-6383
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

RE: SUTLINGAR REALTY MIAMI, LLC, REF W21000030901

Dear Sir/Madam:

I received the enclosed fax regarding my recent application to register a foreign limited liability company and for authorization to transact business in Florida. I am the Manager of the recently dissolved Sutlingar Realty Miami, LLC, a Florida limited liability company, L21000071352 (the "Dissolved Entity").

The Dissolved Entity hereby releases the name for use to Sutlingar Realty Miami, LLC, a Delaware limited liability company, W21000030901, and has no intention of revoking the dissolution.

In addition, the name of the entity under W21000030901 is currently misspelled and should be corrected to **Sutlingar Realty Miami, LLC**. Your records show Sutlinger Realty Miami, LLC. If you have any additional questions, please contact Edward Proenza, 561-713-2098 or via email Eproenza@ihrrpa.com.

Sincerely,

Sutlingar Realty Miami, LLC

Designated By:

Dr. Gary Grant

Dr. Gary Grant

Title: Manager

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Sutlingar Realty Miami, LLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. 86-2337408
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 5566 KINGS HWY 6. 220 71ST STREET #213
(Street Address of Principal Office) (Mailing Address)
Brooklyn, NY 11203 Miami Beach, FL 33141

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

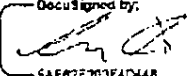
Name: Dr. Gary K. Grant

Office Address: 220 71ST STREET #213

MIAMI BEACH 33141
(City) , Florida (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

DocuSigned by:

5AF62E203F4D448... (Registered agent's signature)

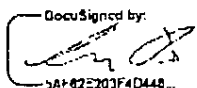
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Sutlingar Realty Corp.</u>	<input type="checkbox"/> Manager	Name: <u>Dr. Linton Grant</u>
<input checked="" type="checkbox"/> Member	Address: <u>5566 Kings Highway</u>	<input type="checkbox"/> Member	Address: <u>4808 Kings Highway</u>
<input type="checkbox"/> Authorized	<u>Brooklyn, NY 11203</u>	<input type="checkbox"/> Authorized	<u>BROOKLYN, NY 11234</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Dr. Gary K. Grant</u>	<input type="checkbox"/> Manager	Name: <u>Ina Grant</u>
<input type="checkbox"/> Member	Address: <u>218 East 13 Street</u>	<input type="checkbox"/> Member	Address: <u>4808 KINGS HIGHWAY</u>
<input type="checkbox"/> Authorized	<u>New York, NY 10003</u>	<input type="checkbox"/> Authorized	<u>BROOKLYN, NY 11234</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Marsha Grant</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>4808 Kings Highway</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Brooklyn, NY 11234</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Treasurer</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

DocuSigned by:

 3A782203F4D448...

Signature of an authorized person

Dr. Gary K. Grant

Typed or printed name of signer

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SUTLINGAR REALTY MIAMI, LLC" IS DULY
FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS
OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
ASSESSED TO DATE.



5265152 8300

SR# 20210672504

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202605103

Date: 02-26-21

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